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CORRESPONDENCE ADDRESS (Note: One Block 1 for any change of address)				(e) Transmittal, This c	ertificate cannot be used for	r domestic mailings of the or any other accompanying nt or formal drawing, must
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A	TTORNEY DOCKET NO.	CONFIRMATION NO.
10/616,082	07/08/2003		Stephen Hamilton		GFI-107	9644
TITLE OF INVENTION: EXPRESSION OF CLASS 2 MANNOSIDASE AND CLASS III MANNOSIDASE IN LOWER EUKARYOTIC CELLS						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	L	
nonprovisional	YES	\$755	\$300	\$0 1	\$1055	09/23/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS	J		
50110, 11110110		1636	435-455000	1.		
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE; (CITY and STATE OR COUNTRY)						
GlycoFi, Inc.			Lebenon, NH			
Please check the appropriate assignee category or categories (will not be printed on the patent):						
4a. The seriowing fee(s) I spec Fee Publication Fee (N Advance Order	No small entity discount p		b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Due Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 42 275 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
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Authorized Signature Date Dept 21, 2009						
Typed or printed name David Reilly Registration No43,039						
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.						